

REQUEST FOR PROPOSALS

RHODE ISLAND DEPARTMENT OF HEALTH TOBACCO CONTROL PROGRAM

TOBACCO CONTROL INITIATIVES

SECTION 1: INTRODUCTION

The Rhode Island Department of Health (HEALTH), Division of Community, Family Health and Equity, Tobacco Control Program, is soliciting proposals from community-based, public or non-profit organizations to implement Tobacco Control Initiatives. These grants will be awarded to agencies that will aim to address tobacco use within their community, bring tobacco control to the forefront by conducting local education activities, counter-marketing of tobacco industry tactics, implementing media advocacy projects and working towards local and statewide policy change that will work to reduce youth initiation of tobacco use. Contractors will aim to change individual attitudes and behaviors around tobacco as well as changing the community environment through facilitating policy change at the local and state level. Approximately \$180,000 per year is available to fund up to 6 agencies. The initial contract period will begin approximately November 1, 2009 through June 30, 2010, with the possibility of renewal for four consecutive 12-month periods pending vendor performance and continued funding. Consideration will be given to modifying the contract amount based on a need for service within the contract's scope of work, contractor's performance, and the availability of funding. A ten percent (10%) verifiable match will be required by the funded agency for each year of funding.

SECTION 2: BACKGROUND AND PURPOSE

BACKGROUND:

Smoking rates in Rhode Island are currently 17% for adults and 15% for youth. These rates show dramatic declines in tobacco use during the past decade. In 1997, the adult smoking prevalence was 23% and youth smoking rate was 35%. As cigarette smoking rates amongst youth have decreased, we have seen an increase in other tobacco product usage including snuff, snus, roll your own tobacco, and little cigars. Also, we have seen an increase in new nicotine delivery devices such as the electronic cigarette, which are not FDA approved for cessation, but are being marketed as such. As the cigarette tax increases, making cigarettes cost prohibitive, youth and other subgroups are making the switch to other tobacco products. Policy change, including creating smokefree environments through passage of the Smokefree Workplace Law in 2005 and increasing the unit price of cigarettes by increasing cigarette taxes are best practice approaches to

foster changes in social norms. The Tobacco Control Program aims to foster changes in behavior, the environment and in policy. Program goals include:

1. Preventing youth initiation of tobacco use

The Tobacco Control Program partners with community based agencies to address youth initiation through education and awareness at the local level and partnering with local schools and organizations who work to empower youth to make healthy choices. In addition, the program supports policy changes that aim to reduce youth access to tobacco.

2. Helping smokers quit

Smoking cessation services include:

- 1-800-try-to-stop quitline, which provides free information and telephone-based smoking cessation counseling.
- Quitworks, the fax referral to the quitline program which is based at health care facilities and encourages health care providers to discuss tobacco use with their patients.
- The uninsured smoking cessation program that provides free nicotine replacement therapy and group counseling classes around the state.

3. Reducing exposure to secondhand smoke

Community partners work with the Program to enforce the Smokefree Workplace Law, which was passed in 2005, prohibiting smoking indoors in most workplaces. There has been growing interest amongst those who live in multiunit housing residences to prevent exposure to secondhand smoke from migrating smoke within these units. The Program plans to engage in further smokefree housing work. The Program has begun a smokefree homes and smokefree cars media campaign this year to encourage voluntary smoking bans. In addition, annually the program partners with environmental organizations to support a smokefree beaches campaign.

4. Eliminating disparities of tobacco use

During the past 2 years, community partners were responsible for conducting Geographical Information Systems (GIS) mapping of 8 cities and towns in Rhode Island. Through this project, the number of retailers, advertisements, product promotions and sale of loose cigarettes was mapped. There is a wealth of compelling information in these maps that depict stunning differences between wealthy and lower income communities. These findings can be used to support statewide and local policy change to decrease the density of tobacco retailers in certain communities, to limit the advertising of tobacco products and to decrease the accessibility of those products by youth and other targeted populations.

The Rhode Island Tobacco Control Program plans to continue working on its four goals to reduce tobacco use amongst Rhode Islanders. A priority focus would be to reduce tobacco use amongst subpopulation groups that still have high tobacco use rates.

PURPOSE:

The Tobacco Control Initiatives grant is a multi-component intervention designed to produce both systems and personal change within a community and statewide. Strategies that produce systems change have direct impacts on individual health by supporting and reinforcing personal changes produced by programs. There is plenty of evidence to support that enacting Smokefree Workplace Laws, increasing cigarette taxes and limiting tobacco advertising all have an impact on individual behaviors.

The purpose of the grant is to create partners in Tobacco Control who will aim to produce individual behavior change and strengthen local and statewide tobacco control policies that will reduce youth initiation of tobacco use by:

- *Educating* their communities about relevant local tobacco control issues (GIS mapping project combined with local ordinance efforts)
- Creating a counter marketing campaign that reveals the tactics of the tobacco industry
- *Identifying* the key stakeholders in their community and statewide with whom they can partner on policy change
- *Mobilizing* their community to work with these stakeholders to create better public health policy.

Eligible applicants must be community-based, public or non-profit agencies who are in good standing with the federal government. HEALTH's Tobacco Control staff will provide all administrative and other support services to the agencies that are awarded a contract from this solicitation.

Applicants must have the following capabilities:

- o Experience and proven success in community organizing
- o Ability to try innovative approaches to address community needs
- Experience or proposed commitment to addressing tobacco control issues in a social justice framework
- Experience or proposed commitment to working towards policy change efforts at the local and state level
- Experience in working with or capacity to reach disparately affected subpopulations (poor, uninsured, LGBT (lesbian, gay, bisexual, transgender), those with limited education, mentally ill, Native American, African American, pregnant women, unemployed and 18-24 year olds) will be an added qualification

In order to support this work, funded grantees are required to participate in a Tobacco Control Program orientation and a minimum of 3 technical assistance/training sessions. In addition, attendance at monthly partner meetings and coalition meetings will be required. These meetings will be ideal opportunities to learn about other tobacco control projects taking place throughout the state and to further build the network of tobacco control advocates. The Tobacco Control Program maintains a resource center housed at the American Lung Association in Providence that has brochures, posters, lung models, and many other teaching tools that are available for contractor use.

SECTION 3: ELIGIBILITY CRITERIA

Eligible applicants must be community-based, public or non-profit agencies who are in good standing with the federal government. The applicant must have some experience in community organizing, proven success in policy change efforts, a true pulse on their local community and the ability to use media advocacy effectively. It is essential that community partners be self-motivated, skilled team builders and have the ability to inspire and motivate others to come together for a common goal.

The Contractor must have a Project Coordinator responsible for overseeing all activities described in the Scope of Work. This Coordinator must have some experience relevant to the coordination of community activities focused on grassroots organizing, educating community constituents on health or other issues, experience in policy change efforts and the ability or experience to frame tobacco control as a social justice issue will be an added benefit.

SECTION 4: ADMINSTRATIVE INFORMATION

PROJECTED TIMETABLE:

Technical Assistance Session August 12, 2009, 3 – 4 pm – HEALTH, Room 302

Proposals due at HEALTH by 3:30 p.m. August 25, 2009

Approximate start date of contract November 1, 2009

SUBMISSION PROCEDURES

The deadline for submission of proposals is August 25, 2009. Applications will not be accepted after this date and time. Proposals sent by mail are sent at your own risk. Applicants are urged to hand deliver their proposals, which will be date stamped upon receipt. Faxed and emailed applications will not be accepted.

All proposals must be typed in English and single-spaced. The Proposal Narrative is limited to six (6) pages (this excludes budget and appendices). One original and three copies must be delivered to:

Benvinda Santos Tobacco Control Program Rhode Island Department of Health Three Capitol Hill, Rm. 409 Providence, RI 02908-5097

SELECTION PROCESS

Proposals will be reviewed by a committee comprised of staff from state agencies that have experience working with community-based programs. Proposals will be reviewed and scored based upon the Proposal Evaluation Score Sheet (attached). The maximum possible score is 100 points and applicants scoring below 60 points in the technical review will not be considered. The Department of Health reserves the right not to fund any proposal(s).

Applicants may be required to submit additional written information or be asked to make an oral presentation before the Technical Review Committee to clarify statements made in the proposal.

SECTION 5: SCOPE OF SERVICES

The primary goal of the Tobacco Control Initiatives grant is to produce both systems changes by playing a role in local and statewide policy and changing individual attitudes and behaviors around tobacco that will result in a reduction in the youth initiation of tobacco use.

Contractors should organize their work plan to include each of the three strategies including Education & Awareness, Counter-marketing/Media Advocacy, and Community Mobilization, as appropriate for their community, in order to meet goals outlined in the Results section below. HEALTH will provide direction to funded agencies at the beginning of each contract year on annual goals and activities based on program progress and priorities. Examples of potential activities are listed below.

1. Education & Awareness

Education and awareness strategies will be used to denormalize tobacco use in community settings and decrease availability of tobacco products to youth by limiting access. Education and awareness strategies should be used towards community mobilization by reaching key stakeholders.

Recommended activities may include:

- Bringing awareness to rising rates of other tobacco product use by youth (snuff, little cigars, cigars, etc.)
- Educating decision makers on local level interventions at point of purchase including signage restrictions and banning product promotions like buy one, get one free that undermine increases in the cigarette tax
- Presenting GIS mapping data from the cities and towns that have been mapped (Providence, E. Greenwich, Westerly, Jamestown, Johnston, Central Falls, Pawtucket, Woonsocket) in contractor's local town so as to bring attention to tobacco industry targeting and potential local policies which can limit the influence of tobacco. (i.e. local licensing ordinances, ordinances limiting advertising, and the possibility of using land use ordinances to limit the number of tobacco retailers)
- Providing encouragement and recognition to businesses in compliance with regulations
- Educating tobacco retailers on the role of advertising in targeting youth

• Identifying and educating key decision makers to serve as champions of specific tobacco control issues during the legislative season

2. Counter-Marketing/Media Advocacy

Contractors will work to change social norms that support tobacco use by mounting public education initiatives that raise public awareness about the health hazards related to tobacco use. Also, contractors will use counter-marketing campaigns to unveil marketing and promotional strategies of the tobacco industry, which promote youth initiation of tobacco.

Recommended activities include:

- Developing and distributing locally relevant fact sheets on tobacco industry influence in the community that are culturally and linguistically appropriate
- Raising parental concern about tobacco sales to youth, exposure to secondhand smoke, industry advertising and provide opportunities for parents to take action
- Conducting press outreach for local events or local tobacco issues (i.e. press releases, press conferences, letters to the editor) to generate citizen involvement
- Developing media advocacy plans that strategically use mass media to generate community support for local and statewide policy changes

3. Community Mobilization

Increase broad based support for tobacco control at the community level. This can be done by framing tobacco control as more than just a health issue, but a social justice issue. GIS mapping results will be a useful tool in this process. Increase the number and type of organizations and individuals in the local community involved in tobacco control. These partner groups should be mobilized to plan for the enhancement and passage of local tobacco control policies.

Activities supporting community mobilization should include:

- Educating and mobilizing community members, local leaders and other advocates, including other local coalitions to actively support tobacco control-related policy change
- Ensuring that the voice of the Tobacco Control Coalition is heard during the legislative season with support from constituents in the contractor's community
- Facilitating a call to action through a local list serve whenever policy activity is necessary
- Participation in the Tobacco Control Coalition
- Building a local network of tobacco control advocates

At the beginning of each fiscal year, annual action plans aligned with the scope of work will be developed together with the Tobacco Control Program and implemented based on the annual programmatic priorities and program funding.

The Contractor is expected to:

- Work in close partnership with HEALTH by attending monthly partner meetings to understand the statewide and national tobacco control context
- Participate in a Tobacco Control Orientation upon receipt of the grant, ongoing trainings and monthly partner meetings
- Organize and execute opportunistic events that unveil the tactics of Big Tobacco (industry marketing to specific populations including youth and other disparately affected groups, new products that target youth, promotions in local bars, etc.)
- Maintain a consistent community presence by serving as a resource on tobacco control
- Collaborate with other Tobacco Control partners in Rhode Island. (Collaboration includes attending some activities of other partners as needed)
- Actively participate in the Tobacco Control Coalition and work on coalition policy priorities
- Provide Computer support, Office space, office equipment, office support, Indemnification, insurance, and supervision of any subcontractors

RESULTS:

The Tobacco Control Program aims to develop and maintain a robust grassroots infrastructure to help inform the public about tobacco industry marketing and targeting, to serve as a voice for public health amongst key decision makers and to improve regulation and enforcement of tobacco sales and promotions at the local and state level.

By end of year 1, the contractor will have:

- Educated their community on tobacco industry tactics and other priority tobacco control issues through the use of recommended activities above or other effective strategies
- Conducted efforts towards local and statewide policy change priorities (see Appendix C for 2009 coalition policy priorities list) by hosting 10 strategic community based presentations of the GIS mapping project findings in conjunction with the Unnatural Causes video, conducted an evaluation of each forum through surveying attendees and developed a list of interested stakeholders who would want to engage in policy change efforts through participation with the Coalition or on specific initiatives
- Conducted at least 5 meetings with key decision makers at the local or state level to discuss tobacco control policy priority initiatives (see Appendix C for list of policy priorities)
- Implemented 3 counter marketing/media advocacy activities including submitting at least 1 article or response to an article relating to a tobacco issue so as to provide an informed voice in the community. See recommended activities in Scope of Services for further ideas
- Coordinated and participated in at least 2 opportunistic events that expose the industry's marketing strategies and targeting of particular populations to occur on one or both of the nationally recognized tobacco control days, Kick Butts Day or World No Tobacco Day

• Participated actively in the state Tobacco Control Coalition and its policy change priorities

Similar end of year goals will be developed upon completion of each year.

SECTION 6: REQUIRED COMPONENTS OF THE PROPOSAL

All proposals must be typed in English, single-spaced, and paginated with 1-inch margins. The Project Narrative is limited to six (6) pages (this excludes budget and appendices).

- 1. **COVER PAGE**: The purpose of this page is to provide very basic summary and identification information regarding the proposal. Please use attached form.
- 2. **COVER LETTER**: The applicant must include a signed cover letter on official organization letterhead from an agent who is authorized to sign contracts on behalf of the applicant. Please include the agency's FEIN number.
- 3. **APPLICANT DESCRIPTION**: Provide a detailed description of the agency including, but not limited to, the following information:
 - Type of agency
 - Mission & Vision
 - Current activities and services
 - Population served
 - History/Major accomplishments
 - Include current partnerships with state and other organizations pertinent to this grant
 - The area/program within the organization in which this initiative will be implemented.
 - Proof of non-profit status (501 (c) (3)); attach as an appendix
 - Structure and organization of agency including the ethnicity of current staff and Board of Directors

4. **PROJECT NARRATIVE**:

The narrative must include:

- (a) Background: Describe prior experience working with your community and experience related to issues that will enable you to meet the goals described in the scope of services. This section should provide evaluators with a broad understanding of the offeror's experience with similar projects, technical approach and ability to execute the project.
- (b) Project Work Plan (Including Goals, Objectives ,Activities/Strategies): Prepare a project work plan including goal statements, objectives and activities in line with Scope of Services in this RFP. Objectives must be SMART (Specific, Measurable, Achievable, Realistic and Time-limited). Each objective should clearly identify a set of activities, project deliverables, a person responsible for

- project completion and a timeline for 1 year. Similar work plans will be expected at the beginning of each fiscal year upon contract renewal.
- (c) Evaluation Plan: Include an evaluation plan that describes how you will measure success in meeting goals and objectives. Describe how you will demonstrate the impact of your initiatives on your local community. Indicate how evaluation data will be applied.
- (d) Project Staff and Organization: This section should identify all staff and/or subcontractors proposed as members of the project team, and the duties and percentage of time that each will devote to this grant, as well as resumes, curricula vitae, or statement of prior experience and qualifications. Organizational charts for staff and identification of Board of Director's members should be included in the appendices, with race/ethnicity identified for each. Indicate percentage of time each staff member will devote to this project. Include resumes/CVs in the appendix. Include a description of the business background of the offeror (and all subcontractors proposed), including a description of their financial position; and a copy of the agency's proof of non-profit status (501c3 must be attached).

Subcontractors will be expected to attend Partner meetings every month to coordinate activity, receive training, and/or receive information or materials.

SECTION 7: REPORTING REQUIREMENTS

The contractor will be required to submit a monthly activity report to reflect activities conducted and invoices by the 10th of each month following the delivery of services and accompanied by appropriate documentation to monthly reporting requirements. A reporting form will be provided by the Department of Health. An annual work plan should be submitted at the beginning of the grant period and for each year to follow. A final project report including a description of program activities, lessons learned and evaluation results will be due within 30 days of the annual grant end date. A six month performance review with the Project Coordinator and his/her direct supervisor or Executive Director will be required so as to gauge progress on the work plan and grant goals. Contract renewal, contingent upon funding, will be based upon contractor performance and progress in meeting grant goals.

SECTION 8: BUDGET AND BUDGET NARRATIVE

- 1. Project Budget (Year 1) for a 12-month period
- 2. Budget Narrative: detailed description of each expense category listed

This component consists of two parts:

- 1) an expense category that lists allowable expenses (below is a list of allowable expenses).
- 2) a budget narrative that is a description of each budget line item entry.

ALLOWABLE EXPENSES

- <u>Personnel</u> Indicate each staff position for this project. Include the hourly wage, total
 annual salary and percentage of time each staff member will devote to the project, the
 personnel costs being requested under this RFP, and the percent of time that will be
 in-kind, if any.
- <u>Fringe Benefits</u> Include those benefits normally provided by an organization, such as state/federal taxes, health coverage, FICA, pension plans. Also indicate the fringe benefit rate for the organization.
- <u>Consultants/Speakers</u> List each consultant/speaker individually, specifying the hourly rate. Only expenses for functions related to this project may be included.
- <u>Travel</u> Include both local and out of state travel. Reimbursement for mileage expenses related to program operations is not to exceed .55 cents per mile (or the current rate effective for RI State employees). Reimbursement of travel expenses is allowed for activities related to this project only.
- <u>Training</u> Any expenses towards this need prior approval from HEALTH.
- <u>Printing/Duplicating</u> Include the cost of duplicating educational materials to be distributed during the contract year. The duplication or printing of flyers, brochures, booklets, information sheets and other educational materials related to the project should be included.
- <u>Consumable Supplies</u> List office and program supplies allocated to the project. (Refreshments are not an allowable expense.)
- Telephone Include telephone expenses associated with the project.
- Postage Indicate postage expenses allocated to the project.
- Resource Materials List books, curricula, videos or other resource materials purchased for program use.
- <u>Facilities/Rental Expense</u> Indicate the cost of office space and other facility expenses incurred as a result of this project (e.g. rental of program space).
- <u>Capital Expenses/Equipment</u> Funds used for capital expenses or equipment are not to exceed one thousand five hundred dollars (\$1,500.00) per contract year. Organizations requesting funds for capital expenses or equipment must prepare a statement justifying the need and receive prior approval.
- <u>Subcontracts with Other Organizations</u> Payments to not-for-profit community-based organizations and private for-profit entities that provide services to the applicant organizations in support of funded project activities are allowable. Subcontracts with not-for-profit entities may not exceed 25% of the total project budget. Subcontracts with for-profit entities may not exceed 10% of the total project budget.</u> A memorandum of agreement must be provided for each subcontract.

Please submit an appropriate, realistic budget for a 12-month period that is sufficient to accomplish the project goals and not inflated. The contract award will be prorated monthly in accordance with the actual start date of the contract. Please show a 10% verifiable match (required contribution) by your agency.

Applicants will be scored according to the overall soundness of the proposed budget and accompanying budget narrative, including the extent to which costs reflect direct services vs.

administrative costs. Those projects ranked highest by the Technical Review Committee may be asked to make oral presentations or provide clarifications or revisions prior to final recommendation for award

SECTION 9: APPENDICES

- A. Letters of support/collaboration
- B. Curriculum Vitae/Resumes for key personnel
- C. Copy of organization's Smoke-Free Policy, if available
- D. Copy of organization's Board of Directors with race and ethnicity of Board Members indicated
- E. Copy of 501(c)(3) (proof of non-profit status)

SECTION 10: SELECTION PROCESS

HEALTH's review team will review proposals and evaluate the proposals that conform to this RFP application. The scoring guidelines will follow those listed in the proposal evaluation score sheet listed in Appendix A.

Right to Award, Reject, or Negotiate

The Tobacco Control Program reserves the right to:

- · Award a contract with or without further discussion of the proposals submitted;
- · Reject any and all proposals submitted;
- Request an oral presentation of the proposal to the Tobacco Control staff to clarify the proposal and to ensure mutual understanding;
- Arrange an on-site pre-award visit by the Tobacco Control staff to determine the Applicant's ability to meet the terms and conditions of the RFP; and
- Establish a later effective date in the contract if circumstances are such that it is in the Tobacco Control Program's best interest to delay funding.

Appendix A

PROPOSAL EVALUATION SCORE SHEET

The State will commission a Technical Review Committee to evaluate and score all technical and cost proposals based on the evaluation criteria below. All reviewers shall use this form to score each proposal. The maximum possible score is 100 points. Proposals scored below 60 points in the technical review will not be considered.

partnerships with state and local health care agencies and coalitions. Applicant has provided demonstrated experience and success working to provide services similar to those in the Scope of Work. Applicant has described the program within the organization in which this initiative will be carried out. If the agency was a past vendor for HEALTH for Tobacco Control, the agency's past performance will be judged as 50% of this total. Project Work Plan/Timeline Applicant has presented a plan of action that is clear and detailed, including goals, objectives, and activities in line with the Scope of Services and a timeline for accomplishing results. This section should describe the applicant's understanding of the State's requirements, including the result(s) intended. Evaluation Plan Applicant has outlined an evaluation plan that describes how they will measure success in meeting goals and objectives with process and outcome measures. The applicant has a plan for applying evaluation data to the initiative. Organization and Project Staff Applicant included identification of all staff proposed as members of the project team, and the duties, responsibilities, and concentration of effort that apply to each (as well as resumes or statements of prior experience and qualification). Include resumes/CVs in appendix. Budget		Applicant Description/Background
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Applicant has submitted a budget and budget narrative that reflects appropriate expenses to accomplish the project goals and is cost effective. Applicant has used the template provided. TOTAL SCORE	0- 15 points	Applicant included identification of all staff proposed as members of the project team, and the duties, responsibilities, and concentration of effort that apply to each (as well as resumes or statements of prior experience and qualification).
Applicant has submitted a budget and budget narrative that reflects appropriate expenses to accomplish the project goals and is cost effective. Applicant has used the template provided. TOTAL SCORE		Dudge4
	0-20 points	Applicant has submitted a budget and budget narrative that reflects appropriate expenses to accomplish the project goals and is cost effective. Applicant has
Comments:		TOTAL SCORE
Comments:		
Comments.	Comments:	

Appendix B

COVER PAGE

Please provide basic summary information about the proposal that the prospective funding source can review quickly and use for identification.

NAME OF APPLICANT AGENCY				
ADDRESS OF APPLICANT AGENCY				
TELEPHONE NUMBER				
FAX NUMBER				
E-MAIL ADDRESS				
F.E.I.N. NUMBER				
PROJECT TITLE				
AMOUNT REQUESTED:				

SUMMARY OF PROJECT: Briefly describe the project, in not more than two paragraphs, in the space below.

Appendix C

TOBACCO CONTROL COALITION POLICY PRIORITIES - 2009

The Tobacco Control Coalition meets before the beginning of the legislative season in January each year to decide key priorities for the year. Below are key priorities the coalition supported during 2009.

- 1. Increasing retailer license fees to decrease access to tobacco and generate additional funds for enforcement
- 2. Ensure the licenses of those who sell to minors are suspended for 14 days after the 3rd illegal sale within 3 years.
- 3. Ban tobacco industry price promotions, i.e. buy one, get one free
- 4. Increasing cigarette tax
- 5. Editing definition of little cigar to capture all intended products
- 6. Preventing tobacco retailers from getting another license until all fees and fines are paid

<mark>Appendix D</mark>

BUDGET AND BUDGET NARRATIVE TOBACCO CONTROL INITIATIVE GRANT

BUDGET PERIOD: NOVEMBER 1, 2009 TO JUNE 30, 2010

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Orga	HILLO	uvu.

6. Resource Materials:

I. GRANT FUNDS:		
EXPENSE CATEGORY		
EAFENSE CATEGORY		
	Subtotals by category	Narrative
1. Personnel	is the country of the gery	Tarrative
1. Tersonner		
Program Coordinator		
(% of time, hourly wage)		
Program Director		
(% of time, hourly wage)		
Subtotal:		
Fringe Benefits:		
Subtotal:	<u> </u>	
Subtour.		
Total Personnel		
Total Tersonner		
2. Travel (local):		
Employee mileage reimbursement:		
160 miles/month x 12 months @ \$0.55/mile		
100 miles/month x 12 months (a) \$0.55/mile		
Subtotal:		
Subtotal.		
3. Travel (Out of State):		
5. Traver (Out of State):		
Subtotal:		
Subtotal.		
4. Printing, Copying:		
4. 11mting, Copying.		
Subtotal:		
Subtotal.		
5. Supplies:		
5. Supplies.		
Subtotal:		
Subtotal.		

Subtotal:	
7. Telephone:	
Subtotal:	_
8. Postage:	
Subtotal:	
9. Subcontracts (specify):	
Subtotal:	
10. Other items:	
Subtotal:	
TOTAL DIRECT COSTS TO GRANT:	
11. INDIRECT ADMINISTRATIVE COSTS:	
TOTAL PROGRAM COSTS TO GRANT:	\$0.00
II. IN-KIND CONTRIBUTIONS: Match, 10% or greater	
TOTAL OF IN-KIND CONTRIBUTIONS:	